
Date: September 2020

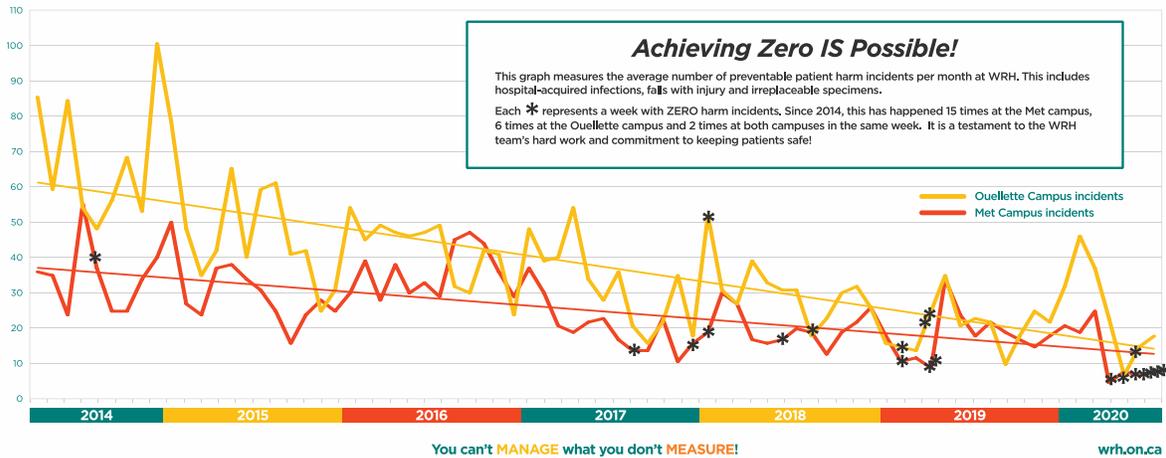
“What a year this week has been”- stated by many

Usually I do my monthly reports under each Strategic Direction and try to highlight how we accomplished achieving that direction as an organization. Prior to COVID-19 we had started working on our Strategic Plan for 2021-2025. COVID-19 created a delay in its finalization. However, by next month I should be reporting on the new Strategic Plan.

Daily, since pretty much January 2020, I have sent out updates on what is happening internally, provincially, nationally and internationally as it relates to COVID-19 and have tried to link to various reports and/or research articles on that topic.

For September’s report I want to focus on other issues that have been occurring unrelated to COVID-19.

First, is our Journey to Zero. While we were responding to COVID-19 our ability to reduce patient harm was exemplified. As identified in the attached chart, our ability to get to ZERO became a habit. In 2020 alone, we have been able to have 8 weeks of ZERO. In 2019, it was 6 times. For the previous 5 years combined it happened 7 times. Clearly, the work we are doing in responding to COVID-19 has dramatic impact on being able to reduce harm to patients as well. Kudos to our Team! In fact, if you did not see, a couple of “famous” people sent their congratulations: <https://youtu.be/RpOtTYcApyw> <https://youtu.be/PKoXdqRyDTk>

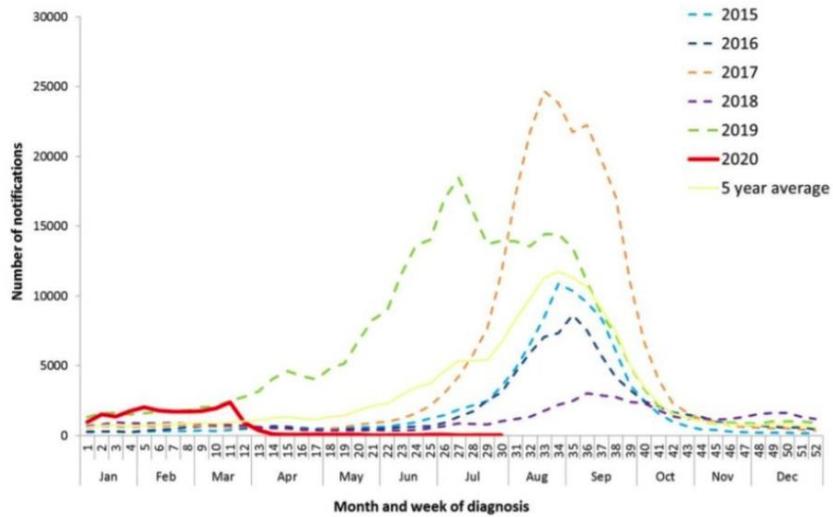


Second, I want to highlight that similar to how our practices have resulted in more times at ZERO, they should have a similar impact for our Influenza season. We generally take our lead entering flu season from Australia. What we are seeing in Australia is that their flu season is almost non-existent. Now a couple of disclaimers – Australia has pretty much shut down their major cities as a result of COVID-19 and also fires have created other deterrents to socializations, etc. However, their results are staggering

“I think it’s telling us that influenza is preventable in the same way that COVID is preventable, to some extent, anyway,” said Dr. Lynora Saxinger, an infectious disease specialist at the University of Alberta.

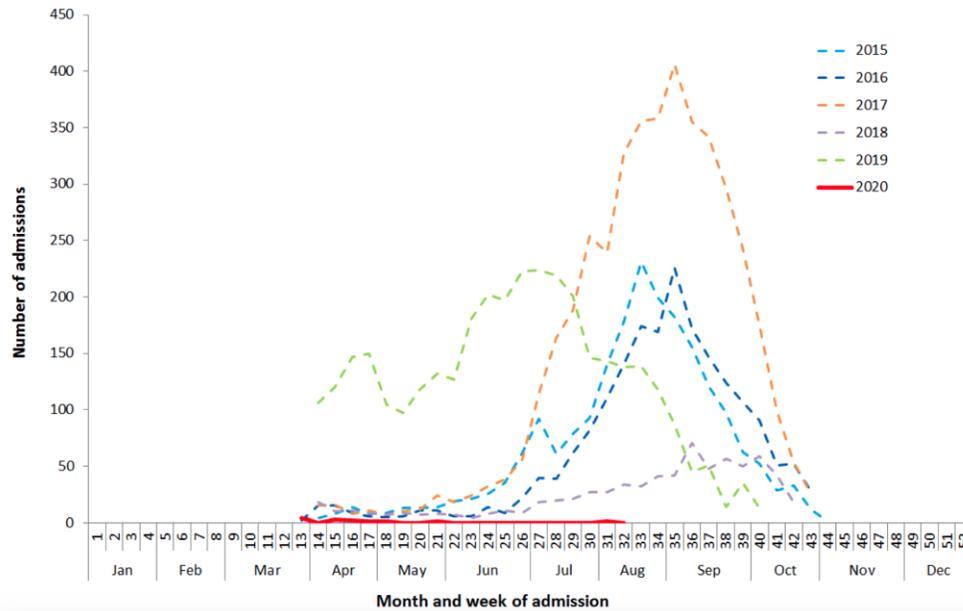
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/\\$File/flu-09-2020.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/$File/flu-09-2020.pdf)

Figure 9. Notifications of laboratory confirmed influenza, Australia, 1 January 2013 to 26 July 2020, by month and week of diagnosis*



Source: NNDSS

Figure 7. Number of influenza hospitalisations at sentinel hospitals, between March and October, 2014 to 2020 by month and week*



Third, during our two-day COVID-19 drive thru I can inform you – from a person I came in contact with – they expressed their thanks and appreciation to all of you in how you have



individually and collectively responded to COVID-19 and have protected our community as a whole. The approximate 1000 plus people that drove through the COVID-19 swabbing centre at the St Clair College Sports Plex wanted to make it clear to me they wanted the message “thank you” to be shared. Not only am I doing that, I am also thanking St Clair College. From the start they have been an amazing partner that have helped along the way – without hesitation – to save lives in our community. Thank-you St Clair College.

Fourth, Ontario Health has developed new recommendations on the utilization of multi-bed ward rooms (three beds or more) and patient placement in ward rooms as hospitals plan for ramping up scheduled surgical and procedural work and patient volumes.

The recommendations have been adapted for the provincial context and provide guidance on physical and spatial infection prevention and control (IPAC) measures that should be implemented in a progressive manner with the goal of ensuring the safety and protection of patients and health care workers. The recommendations include:

- Maximizing the number of private and semi-private rooms with dedicated washrooms
- Wherever possible, four-bed rooms should only be occupied by two patients
- Additional private/semi-private space should be explored for additional capacity
- With the guidance of hospital IPAC programs, patients who are infected with the same organism may be placed in multi-bed ward rooms
- Monitor patient flow, emergency department capacity and access to care for non-COVID activity before utilizing multi-bed ward rooms
- If multi-bed ward rooms are necessary, enhancements to IPAC standards should be considered

How these recommendations impact WRH is outlined at

https://www.wrh.on.ca/uploads/MEMO_OH_Recommendations_Bed_Inventory_July_23_2020.pdf

Lastly, the next few weeks will be telling. By the time I write my October report we will have a better idea how school re-openings have gone and whether we are entering into a Second Wave etc. As we have discussed individually and collectively, we can control a lot of how this is going to roll out for our community. We have to stay strong and safe for our community, our families and ourselves. We do this by continuing to be safe when in the community and in hospital. Wear the appropriate PPE in and outside of hospital and continue with hand hygiene etc. We know it works – you are proof it works. We have had 13 staff members test positive for COVID-19. None of them spread or received it internally. Why? because they practiced proper PPE etc. while in hospital. As the economy opens, we will have more staff test positive. That is guaranteed. However, if we continue to do what we are doing all should be fine. It works.

